



COMMUNITY HEALTH IMPROVEMENT PLAN 2016–2019

Florida Department of Health–Hillsborough County



**Mission**

To protect, promote and improve the health of all people in Florida through integrated, state, county, and community efforts.

Vision

To be the healthiest state in the nation.

Values (ICARE)

- **Innovation** – We search for creative solutions and manage resources wisely.
- **Collaboration** – We use teamwork to achieve common goals and solve problems.
- **Accountability** – We perform with integrity and respect.
- **Responsiveness** – We achieve our mission by serving our customers and engaging our partners.
- **Excellence** – We promote quality outcomes through learning and continuous performance improvement.

Principles

Honesty, Fairness, Devotion, Courage, and Excellence

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INTRODUCTION

INTRODUCTION

The Florida Department of Health in Hillsborough County (DOH–Hillsborough) completes a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) every 3 – 5 years. The CHA was developed by DOH–Hillsborough staff with the assistance of Legacy Consulting Group. Completing the assessment involved input from many community members and partners. The CHA included assessing the Community Health Status, Community Themes and Strengths, Forces of Change, and the Local Public Health System to determine the health of the community. The Community Health Status Assessment was done using secondary data analysis from sources including Florida CHARTS, the US Census Bureau, and the Robert Wood Johnson Foundation. The Community Themes and Strengths Assessment was completed using primary data gathered by administering a community survey, conducting focus groups, and completing key-informant interviews. The survey questionnaire administered to community residents, as well as the questions used to lead focus groups and key-informant interviews, are included in the CHA. Results from the four assessments were used to determine priority areas for the county. The CHIP was created with action plans for partners to work on over a three year period, to address the priority areas identified in the CHA, and to improve the community's health. The completed CHA report with the background, methods, assessment results, and list of assets and resources can be found at <https://hillsborough.floridahealth.gov>.

The CHA and CHIP were completed using the guidelines set out in the National Association of County and City Officials' (NACCHO's) Mobilizing for Action through Planning and Partnerships Model (MAPP).

Healthy Hillsborough was formed in October 2015 as a collaboration between DOH–Hillsborough, Florida Hospital, Moffitt Cancer Center, St. Joseph's Hospitals and South Florida Baptist Hospital, Suncoast Community Health Centers, Tampa Family Health Centers, Tampa General Hospital, and Shriners Hospitals for Children – Tampa. The collaborative was established to complete a comprehensive Community Health Assessment (CHA)/Community Health Needs Assessment (CHNA) and to identify opportunities for collaboration to collectively impact and improve the health of Hillsborough County.

The Healthy Hillsborough collaborative, along with more than 140 community partners and stakeholders met on April 1, 2016 to identify priority areas to focus on for the next three years. During this *Strategizing for a Healthy Hillsborough* meeting, attendees brainstormed and ranked current issues facing the County to identify priority areas. The

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three Priority Areas identified include: Access to Care, Behavioral Health, and Obesity. The four themes of Encourage Healthy Behaviors, Prioritize Racial and Ethnic Health Disparities, Improve Health Collaboration, and Address the Social Determinant of Health, were interwoven throughout the three Priority Areas and will be systematically addressed within a three year plan as part of the individual CHIP action plans. Figure 1 below demonstrates the relationship between the identified priority areas and themes. A fourth priority area, Healthy Moms and Babies, focused on infant mortality, and was added as a result of the Florida Department of Health's statewide Healthy Babies Initiative. Healthy Babies is a health equity initiative that aligns with DOH–Hillsborough's greater vision to achieve health equity in the County through addressing health disparities and the social determinants of health.

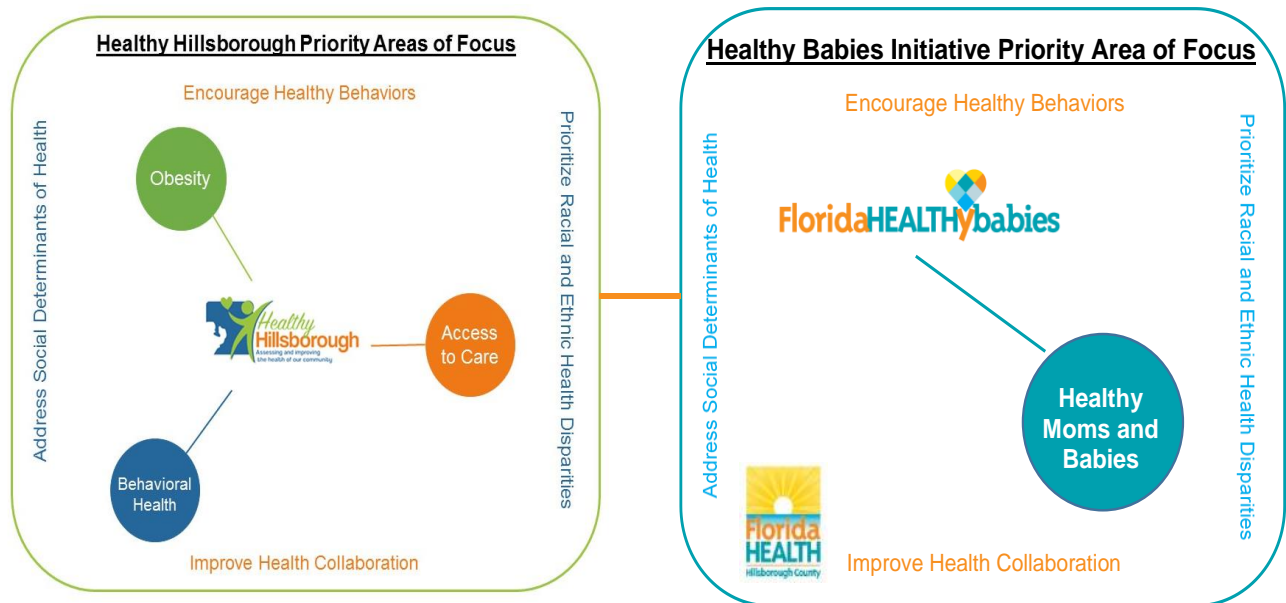


Figure 1: CHIP Priority Areas of Focus

INTRODUCTION

Table 1: DOH–Hillsborough CHIP Priority Areas and Goals

CHIP Priority Areas	Goals
Access to Care	Increase access to health insurance among eligible individuals in Hillsborough County
	Understand transportation–related issues in accessing health care in Hillsborough County
Behavioral Health	Provide the most appropriate level of care for those in need of behavioral health services in Hillsborough County
Obesity	Increase participation in Evidence–Based Interventions for obesity
Healthy Moms and Babies	Eliminate or reduce infant mortality by increasing pregnancy interval to greater than 18 months
	Eliminate or reduce infant mortality by raising awareness on infant mortality and morbidity as an important health issue

SUMMARY OF COMMUNITY HEALTH ASSESSMENT AND RESULTS

SUMMARY OF COMMUNITY HEALTH ASSESSMENT AND RESULTS

The Mobilizing for Action through Planning and Partnerships Model (MAPP) model was the framework used for the CHA process.

Community Health Status Assessment: This assessment was conducted using secondary data to determine the health status of Hillsborough County and compare its performance in relevant indicators to peer counties. In many indicator measures, Hillsborough County did not perform as well as peer counties; however, in many of these same measures, the County has shown improvement since the previous CHA. Notable is the improvement in the rate of violent crime in the County. Disparities in health outcomes across race/ethnicity can be seen in many measures including modifiable behaviors, infant mortality, and adult health.

Community Themes and Strengths Assessment: Key informants mostly reported that Hillsborough County is a “great place to live” due to weather, cultural diversity, availability of health care providers and academic institutions. Survey participants mostly viewed themselves and their community as being healthy; however, they noted that the cost of health care and health insurance persist as barriers for those who were unable to access health care. They also identified obesity, cancer, and aging problems as the most important health problems facing the community. Survey respondents and focus group participants answered uniquely in identifying the most important health issues currently facing the community. Survey respondents did not perceive access to health care as importantly as did the focus group participants, and they ranked obesity as the most important health issue. A smaller percentage of these respondents identified obesity as the most important health issue when compared to the percentage of focus group participants who identified obesity as the most important health issue. However, focus group participants did not mention mental health issues as very important while survey participants did. And neither group identified infant health as an important issue.

Local Public Health System Assessment: This involved scoring the local public health system in its performance of the Essential Public Health Services. Overall, the system scored 69.4%, indicating that the agencies and organizations that make up the system perform a *significant number* of Essential Public Health Service activities. Three areas scored *optimum activity level*, which is the highest level of activity; however, opportunities for improvement exist in the overall local public health system.

Forces of Change Assessment: This assessment was conducted in April 2016 to determine the external changes that may affect the community, and the opportunities and potential threats that are associated with these changes. Major forces of change identified

SUMMARY OF COMMUNITY HEALTH ASSESSMENT AND RESULTS

by the Healthy Hillsborough Collaborative include: political change/policy consequences, the affordability and access to health care, social determinants of health, care coordination and collaboration, shifts and changes in population, and the opportunity for Medicaid expansion.

The results of the Community Health Status Assessment, Community Themes and Strengths Assessment, and the Local Public Health System Assessment were presented at a community stakeholder meeting in April 2016. At this meeting, the Forces of Change Assessment was completed. From these four assessments, the top ten health issues were identified with Access to Care, Behavioral Health and Obesity selected as the key priorities. DOH–Hillsborough staff also included a fourth priority area to the CHIP, Healthy Moms and Babies. This was included to align with the Florida Healthy Babies initiative.

The complete CHA report with the background, methods, assessments results, and the list of assets and resources can be found at <https://hillsborough.floridahealth.gov>.

ACTION PLANS

ACTION PLANS

The results of MAPP assessments, community discussions and a review of assets, were used by partners to create the action plans for the CHIP. Healthy Hillsborough Steering Committee members serve as co-chairs and held meetings with relevant partners to identify the goals, objectives and other components of the actions plans. This was also done for the Healthy Moms and Babies action plans with input from DOH-Hillsborough staff and the Healthy Babies Initiative workgroup. The resulting action plans are presented below. Evidenced-based, practice-based, or promising practices were considered for each action plan as well as policy and system changes needed to accomplish action steps or objectives.

Priority Area 1: Access to Care

Action Plan Work Group Co-Chairs: Jenna Davis and Sonia Goodwin

Action Plan Work Group Team Members: Jennifer Kotwicki, Keri Eisenbeis, and Stefanie Alt – Baycare; Allison Nguyen – DOH-Hillsborough; Artie Fryer – Hillsborough County; Jenna Davis – Moffitt Cancer Center; Laura Resendez, Sherri Gay, and Sonia Goodwin – Suncoast Community Health Centers, Inc.; Tamika Powe, Kimberly Brown – Tampa General Hospital; Liza Cruz Cepeda – Crisis Center of Tampa Bay; Karyn Glubis – Tampa Family Health Centers; Melanie Hall – Family Healthcare Foundation

Relevant Indicators: % of individuals under 65 years old who are uninsured in Hillsborough County (200,532; 17.8% in 2014 (U.S. Census Bureau Small Area Health Insurance Estimate))

Goal: Increase access to health insurance among eligible individuals in Hillsborough County

SMART Objective: By September 30, 2019, reduce the percentage of uninsured individuals under 65 years old in Hillsborough County by 2%.

Strategy: Implement outreach and advocacy efforts for health insurance coverage

Action Steps	Responsible Team Members	Resources Needed	Output (Products)	Date	
				Start	End
Assess current navigation resources throughout Hillsborough County	Jenna Davis, Sonia Goodwin, Melanie Hall	Staff time, technology	Inventory of navigation resources	October 1, 2016	March 31, 2017
Utilize navigators and other outreach workers to provide flyers and education at community events about eligibility requirements and to schedule appointments for enrollment	Sherri Gay, Laura Resendez, Melanie Hall	Flyers, media advertising, registration fees	# of events attended; # of scheduled enrollment appointments (quarterly)	April 1, 2017	September 30, 2019

ACTION PLANS

Action Steps	Responsible Team Members	Resources Needed	Output (Products)	Date	
				Start	End
Create educational videos about insurance and enrollment criteria information	All team members	IT assistance	Series of videos	April 1, 2017	April 1, 2018
Identify and increase community partnerships to register individuals for health insurance	Artie Fryer, Gerry Skinner	Key partners that utilize navigators	Inventory of community partners; # of partners (annually)	October 1, 2016	September 30, 2019
Update 211 to reflect health insurance information and promote resource across the community	Liza Cruz Cepeda, Jenna Davis, Artie Fryer, Sherri Gay	Key partners	Updated 211 resource (annually)	October 1, 2016	September 30, 2019
Review and track the U.S. Census Bureau's Small Area Health Insurance Estimates for uninsured data	Jenna Davis, Sonia Goodwin	SAHIE database	Inventory of SAHIE uninsured data (annually)	October 1, 2017	September 30, 2019

In assessing the Access to Care action plan, the workgroup acknowledged that issues related to transportation would factor into this priority area. However, a complete framework within which to address this component was not feasible. This component may be addressed at a later time, and an additional action plan will be created to address access to care focusing on transportation issues.

ACTION PLANS

Priority Area 2: Behavioral Health

Action Plan Work Group Co-Chairs: Christina Bastone and Karyn Glubis

Action Plan Work Group Team Members: Christina Bastone, Doug Leonardo, Marsha Lewis-Brown and Gail Ryder – BayCare; Margarita Bobonis, MD and Sean Powell – Moffitt Cancer Center; Joe Bohn, PhD – USF College of Public Health; Glenn Currier, MD and Sandra Stock, MD – USF Morsani College of Medicine; Daragh Gibson – DOH–Hillsborough; Karyn Glubis – Tampa Family Health Centers; Sonia Goodwin – Suncoast Community Health Centers; Mary Jane Harrington and Seema Weinstein, PhD – Tampa General Hospital; Pam Jeffre – Success 4 Kids and Families; Dep. Stephanie Krager – Hillsborough County Sheriff's Office; Officer Dan McDonald – Tampa Police Department; Joe Lallanilla, Melissa Powell and Roaya Tyson – Gracepoint; Barbara Macelli – Healthy Start; Marie Marino – Hillsborough County Public Defender's Office; Marcia Monroe and Ruth Power – Central Florida Behavioral Health Network (CFBHN); Deanna Obregon and Mary Lynn Ulrey – DACCO; Clara Reynolds – Crisis Center of Tampa Bay; Asha Terminello – ACTS; Tina Young – Project LINK

Relevant Indicators: Care Coordination Model drafted.

Goal: Provide the most appropriate level of care for those in need of behavioral health services in Hillsborough County.

SMART Objective: By December 31, 2017, develop a Care Coordination Model for High Utilizers in Hillsborough County.

Strategy: Evaluate best practices and develop a care coordination model to address the needs of high-utilizers of behavioral health services in Hillsborough County.

Action Steps	Responsible Team Members	Resources Needed	Output (Products)	Start	End
1) Identify and evaluate related care models & best practices	Healthy Hillsborough BH Workgroup	Key Partners	Compilation of model descriptions, key features and critical success factors	7/22/2016	9/30/2016
2) Define high-utilizers (ensure that both medical and behavioral health issues are included)	Healthy Hillsborough BH Workgroup	Key Partners	Definition of high-utilizers is drafted and approved by the Healthy Hillsborough Behavioral Health work-group	9/30/2016	12/31/2016
3) Inventory resources (including specific individuals & organizations working on similar initiatives)	Ruth Power, Marcia Monroe and/or Larry Allen (for publicly funded resources); Need leads to identify other non-public resources	Key Partners	Resource inventory document with key contact information	1/1/2017	3/30/2017

ACTION PLANS

Action Steps	Responsible Team Members	Resources Needed	Output (Products)	Start	End
4) Identify relevant data	Healthy Hillsborough BH Workgroup	Key Partners	Executive summary of data to define the current state / need	1/1/2017	3/30/2017
5) Select care coordination model for Healthy Hillsborough	Healthy Hillsborough BH Workgroup	Key Partners	Summary document to describe the proposed care model elements and structure	4/1/2017	6/30/2017
6) Establish care and coordination process and protocol	Healthy Hillsborough BH Workgroup	Key Partners	1) Summary document to map the care coordination process 2) Protocol created 3) Protocol approved by participating providers	6/30/2017	12/31/2017
7) Create multi-facility release	Marcia Monroe	Key Partners	Multi-facility release document and process in place for use	6/30/2017	12/31/2017
Additional Steps (if feasible)					
8) Identify potential funding sources to partner with to launch county-wide coordination model pilot	Healthy Hillsborough BH Workgroup	Key Partners & Funding Source	County-wide pilot project launched	1/1/2017	Ongoing
9) Evaluate the need for awareness campaign / Develop a communications plan to locate people in need	Healthy Hillsborough BH Workgroup	Key Partners	Awareness campaign & communications plan developed	1/1/2018	7/31/2018

ACTION PLANS

Priority Area 3: Obesity					
Action Plan Work Group Co-Chairs: Jan Baskin; Peter Bath, PhD; Tamika Powe					
Action Plan Work Group Team Members: Tina Young – Project LINK, Inc.; Cindy Hardy & Allison Nguyen – DOH-Hillsborough; Stefanie Alt, Danielle Mauck & Elaine Oliver – BayCare Health System; Peter Bath & Mary Willis – Florida Hospital-West Region; Jan Baskin – Florida Hospital Carrollwood; Dawn Kita – YMCA; Carla Sparks & Maria Russ – Hillsborough County Public Schools; Mary Jane Harrington & Tamika Powe – Tampa General Hospital; Jamila Lepore – UF/IFAS Hillsborough Extension; Teresa Linder – Shriners Hospital for Children; Joe Bohn, PhD, MBA – University of South Florida College of Public Health					
Relevant Indicators: Number of Participants in Evidence-Based Interventions for Obesity					
Goal: Increase Participation in Evidence-Based Interventions (EBI) for Obesity					
SMART Objective: By September 30, 2019, increase the number of people participating in evidence-based obesity intervention programs by 10%.					
Strategy: Conduct outreach and education for obesity management and prevention classes and programs					
Action Steps	Responsible Team Members	Resources Needed	Output (Products)	Date	
				Start	End
Inventory existing EBI obesity programs from CY 2015 to establish a baseline by recording 1) The name of the EBI program; 2) the Managing Organization of the EBI program; 3) the total number of participants in the first class for the entire year.	Obesity Work Group	The Department of Health will provide a template for each committee member to use to record our information	Inventory of Programs and Classes	June 1, 2016	October 1, 2016
Inventory existing EBI obesity programs from CY 2016 – September 30, 2019 and record 1) the name of the EBI program; 2) the Managing Organization of the EBI program; 3) the number of participants in the first class; and 4) the start date of the program.	Obesity Work Group	A template for each committee member to record their organizations relevant information	A spreadsheet will provide ongoing progress and additions on a quarterly basis	October 1, 2016	September 30, 2019

ACTION PLANS

Action Steps	Responsible Team Members	Resources Needed	Output (Products)	Date	
				Start	End
Develop and enhance relationships with partners who can help us increase the number of participants in EBI obesity programs.	Obesity Work Group	Committee Members	Number of partners who are partnering with the work group to help us accomplish the goal (annually)	October 1, 2016	September 30, 2019
Increase the number of access points for EBI Obesity programs as needed.	Obesity Work Group	Locations for access points will be needed as they become necessary	Access points are available, accessible and appropriate locations. (annually)	October 1, 2016	September 30, 2019
Increase healthcare provider awareness of work group's EBI Obesity programs.	Obesity Work Group	1) DOH website access for program originator link postings, with programs added as needed 2) A card directing patients/participants to the DOH website for access to EB-obesity-focused programs in the community	Cards are being distributed to healthcare providers (yes/no; annually)	October 1, 2016	September 30, 2019
Evaluate outcomes	Obesity Work Group	Work group members and evaluation tool	Completed evaluation (annually)	October 1, 2017	September 30, 2019

ACTION PLANS

Priority Area 4.1: Healthy Moms and Babies

Action Plan Work Group Chair: Ivonne Hernandez

Action Plan Work Group Team Members: Florida Health Baby Workgroup

Relevant Indicators: 3 Evidence-based strategies to increase access to Long Acting Reversible Contraceptives (LARC's); Host a community meeting to share findings

Goal: Eliminate or reduce infant mortality by increasing the pregnancy interval to greater than 18 months

SMART Objective: By December 31, 2018, identify a minimum of three evidence-based strategies to increase access to LARC's.

Strategy: Research/Assessment – Identifying best models and best practices that increase access to LARCs

Action Steps	Responsible Team Members	Resources Needed	Output (Products)	Start	End
1) Research Colorado and other best practices for increasing access to LARC's	Ivonne Hernandez – USF Health	USF faculty, DOH staff	A summary identifying a number of best practices	October 31, 2016	March 31, 2017
2) Identify a minimum of three strategies that increase access to LARCs.	Florida Healthy Baby Partners	Florida Healthy Baby Partners	3 best practices are identified	April 30, 2017	May 31, 2017
3) Host a community meeting to share findings with partners who can advocate for policy changes or increased resources and/or implement best practice model	Sophia Hector - DOH	DOH staff and Florida Healthy Baby Partners	Community meeting convened.	June 30, 2017	October 31, 2017

ACTION PLANS

Priority Area 4.2: Healthy Moms and Babies					
Action Plan Work Group Co-Chairs: Sophia Hector, Tara Spiller					
Action Plan Work Group Team Members: Dr. Leslene Gordon, Sophia Hector, Allyson Sison, Noemi Padro, Bonnie Watson, Dr. Ayesha Johnson, Susan Schmidt, Tara Spiller, Meghna Desai					
Relevant Indicators: Implemented Social Marketing Campaign					
Goal: Eliminate or reduce infant mortality by raising awareness on infant mortality and morbidity as an important health issue.					
SMART Objective: By December 31, 2018 create a county-wide social marketing campaign to raise awareness on infant mortality and provide education on preventative strategies to reduce infant mortality.					
Strategy: Social Marketing and Education					
Action Steps	Responsible Team Members	Resources Needed	Output (Products)	Start	End
1) Research to identify any existing social marketing campaigns that raises awareness on infant mortality and provide education on preventative strategies.	Allyson Sison	Access to scholarly publications and public documents, DOH Staff	Summary of existing plans	October 1, 2016	March 31, 2017
2) Select an existing campaign or develop a campaign	CHIP Workgroup	DOH staff	Identified campaign or agency who will develop a campaign	March 1, 2017	July 31, 2017
3) Identify resources to implement social marketing campaign	CHIP Workgroup	Funding opportunities, DOH Staff	List of funding opportunities Complete any applications to acquire funding	May 1, 2017	June 30, 2018
4) Implement social marketing campaign and/or social media campaign	CHIP Workgroup	DOH Staff Acquired funding for campaign Vendor	Request for Proposal Contract Social marketing campaign	July 1, 2018	December 31, 2018

CHIP MONITORING PLAN

CHIP MONITORING PLAN

The Action Plans will be monitored on a quarterly basis. Action Plan co-chairs will complete a monitoring tool provided by DOH–Hillsborough, at quarterly intervals. This monitoring tool will reflect the status of each action step within each action plan, and will track progress on the process and outcome indicators. Additionally, the Healthy Hillsborough Steering Committee will host an annual review meeting each October to review the progress made on the Healthy Hillsborough action plans and to make amendments as needed. An internal DOH–Hillsborough work group will review all the CHIP action plans and annually update the CHIP report. Figure 2 provides an illustration of the CHIP implementation and monitoring process and cycle.

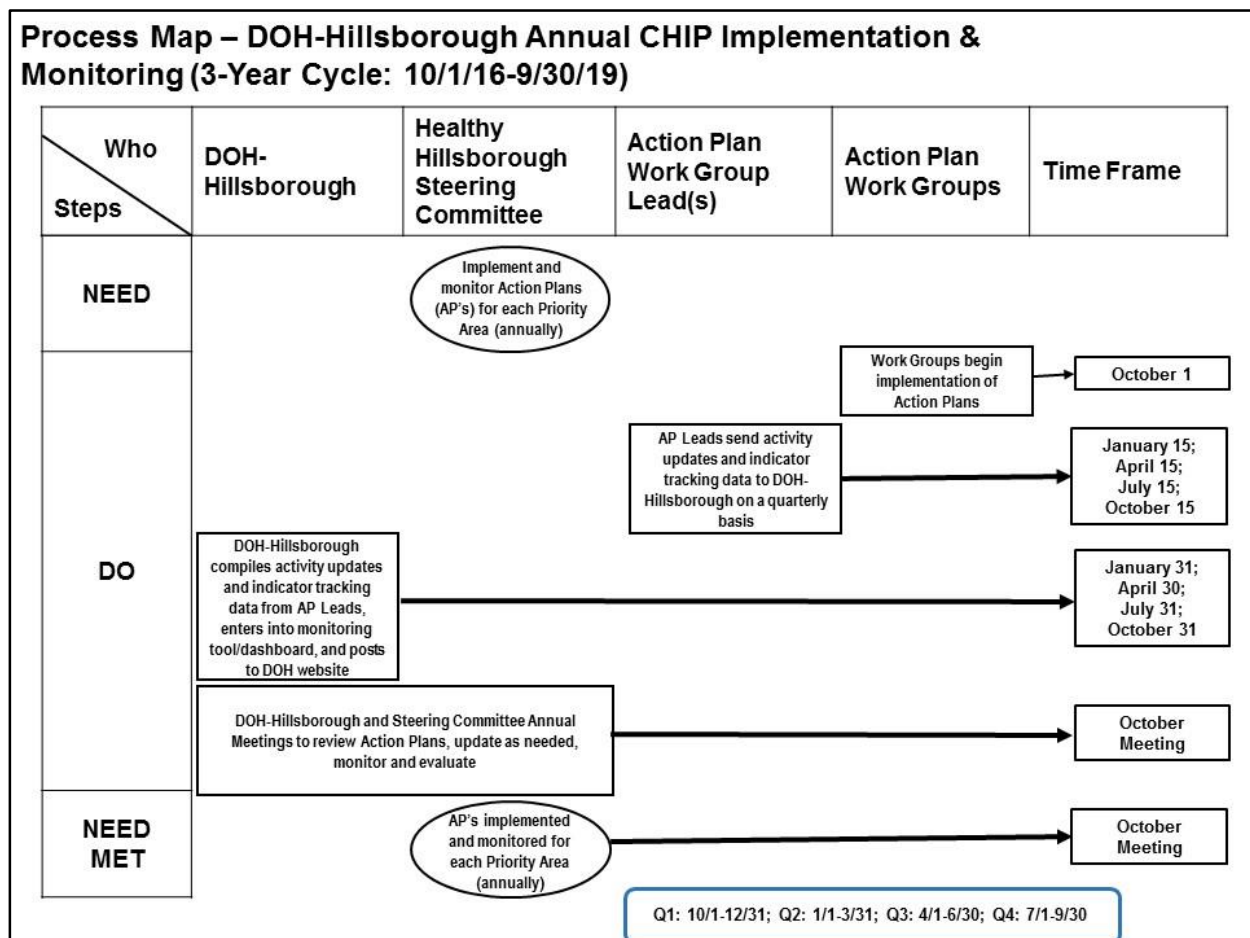


Figure 2: CHIP Implementation and Monitoring Process Map

A sample monitoring tool is included.

CHIP MONITORING PLAN

CHIP ACTION PLAN MONITORING TOOL

2016–2017 Quarter 1 Report (October 1, 2016 – December 31, 2016)

Goal:

Strategy:

Objective:

Process and Outcome Indicators Quarter 1 Tracking

Indicator	Baseline	Current (Q1)	Target (Year 1)	Target (Year 2)	Target (Year 3)
(Process Indicator)					
(Process Indicator)					
(Process Indicator)					
(Outcome Indicator)					

CHIP MONITORING PLAN

Action Steps Quarter 1 Tracking

Action Step	Action Status (Complete, On Schedule, At Risk, Not on Schedule, Not Feasible)	Completed Deliverables/Outputs of Action	Key Partners	Actual Start Date	Actual Finish/End Date	Progress Notes
1.	See status definitions below	Description of any products or results of the action completed during Q1	Names of partners, consultants, contractors, etc. who helped carry out the action step in Q1	Actual start date of action step described	Actual finish/end date of action step described	Any information that would be helpful in knowing more about this action step's progress and activities in Q1
2.						
...						
6.						

Complete = Action Step is complete on or after the target date.

On Schedule = No changes/delays and no scope changes.

At Risk = Action Step needs some attention; milestones in action step are maybe being met, but results are not as anticipated.

Not On Schedule = It looks like the Action Step will not be met by the target date. Action Step may take longer to complete than originally anticipated.

Not Feasible = Action Step has been excluded from the Action Plan.

SAMPLE

Additional Progress and Comments Quarter 1 Tracking

Additional Progress and Comments
Additional comments on the overall progress of action plan activities during Q1. Example notes include: partner contributions, facilitating factors of success, barriers/issues encountered, plans to overcome barriers/issues, unanticipated outcomes, and overall progress and comments.

CHIP ALIGNMENT WITH INTERNAL PLANS AND INITIATIVES

CHIP ALIGNMENT WITH INTERNAL PLANS AND INITIATIVES

CHIP Priority Area	Goal	Strategy	Objective	Alignment with DOH-Hillsborough Plans
Access to Care	Increase access to health insurance among eligible individuals in Hillsborough County.	Increase outreach and advocacy efforts for health insurance coverage.	By September 30, 2019, reduce the percentage of uninsured individuals under 65 years old in Hillsborough County by 2%.	N/A
	Understand transportation-related issues in accessing health care in Hillsborough County.	TBD	TBD	TBD
Behavioral Health	Provide the most appropriate level of care for those in need of behavioral health services in Hillsborough County.	Evaluate best practices and develop a care coordination model to address the needs of high-utilizers of behavioral health services in Hillsborough County.	By December 31, 2017, develop a Care Coordination Model for High Utilizers in Hillsborough County.	N/A
Obesity	Increase Participation in Evidence-Based Interventions for Obesity.	Conduct outreach and education for obesity management and prevention classes and programs.	By September 30, 2019, increase the number of people participating in evidence-based obesity intervention programs by 10%.	DOH-Hillsborough Strategic Plan: Long Healthy Life.

CHIP ALIGNMENT WITH INTERNAL PLANS AND INITIATIVES

CHIP Priority Area	Goal	Strategy	Objective	Alignment with DOH-Hillsborough Plans
Healthy Moms and Babies	Eliminate or reduce infant mortality by increasing pregnancy interval to greater than 18 months.	Research/Assessment – Identifying best models and best practices that increase access to Long-Acting Reversible Contraception (LARC's).	By December 31, 2018, identify a minimum of three evidence-based strategies to increase access to LARC's.	DOH-Hillsborough Strategic Plan: Healthy Moms and Babies.
	Eliminate or reduce infant mortality by raising awareness on infant mortality and morbidity as an important health issue.	Social Marketing and Education.	By December 31, 2018, create a county-wide social marketing campaign to raise awareness on infant mortality and provide education on preventative strategies to reduce infant mortality.	DOH-Hillsborough Strategic Plan: Healthy Moms and Babies.

CHIP ALIGNMENT WITH STATE AND NATIONAL GOALS

CHIP ALIGNMENT WITH STATE AND NATIONAL GOALS

DOH– Hillsborough CHIP	Florida Department of Health State Health Improvement Plan (SHIP)	Florida Department of Health Statewide Initiatives	Healthy People 2020	National Prevention Strategy: Priorities	HHS Action Plan to Reduce Racial and Ethnic Health Disparities
<p>Priority Area: Access to Care.</p> <p>Goal: Increase access to health insurance among eligible individuals in Hillsborough County.</p>	N/A	N/A	<p>Goal: Improve access to comprehensive, quality health care services.</p> <p>AHS-1: Increase the proportion of persons with health insurance.</p>	N/A	<p>Goal I: Transform Health Care.</p> <p>Strategy I.A: Reduce disparities in health insurance coverage and access to care.</p>
<p>Priority Area: Behavioral Health.</p> <p>Goal: Provide the most appropriate level of care for those in need of behavioral health services in Hillsborough County.</p>	Priority Area: Behavioral Health.	N/A	<p>Goal: Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.</p> <p>MHMD–9: Increase the proportion of adults with mental health disorders who receive treatment.</p>	Priority 7: Mental and Emotional Well-Being.	<p>Goal IV: Advance Scientific Knowledge and Innovation.</p> <p>Strategy IV.A: Increase the availability and quality of data collected and reported on racial and ethnic minority populations.</p>

CHIP ALIGNMENT WITH STATE AND NATIONAL GOALS

DOH– Hillsborough CHIP	Florida Department of Health State Health Improvement Plan (SHIP)	Florida Department of Health Statewide Initiatives	Healthy People 2020	National Prevention Strategy: Priorities	HHS Action Plan to Reduce Racial and Ethnic Health Disparities
<p>Priority Area: Obesity.</p> <p>Goal: Increase participation in Evidenced-Based Interventions (EBIs) for obesity.</p>	<p>Priority Area: Healthy weight, nutrition and physical activity.</p>	<p>Healthiest Weight: Healthcare settings Worksite wellness Communities.</p>	<p>Goal: Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement of healthy body weights.</p> <p>NWS-8: Increase the proportion of adults who are at a healthy weight.</p> <p>NWS-9: Reduce the proportion of adults who are obese.</p>	<p>Priority 3: Healthy Eating.</p> <p>Priority 4: Active Living.</p>	<p>Goal III: Advance the Health, Safety, and Well-Being of the American People.</p> <p>Strategy III.A: Reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies.</p>

CHIP ALIGNMENT WITH STATE AND NATIONAL GOALS

DOH– Hillsborough CHIP	Florida Department of Health State Health Improvement Plan (SHIP)	Florida Department of Health Statewide Initiatives	Healthy People 2020	National Prevention Strategy: Priorities	HHS Action Plan to Reduce Racial and Ethnic Health Disparities
<p>Priority Area: Healthy Moms and Babies.</p> <p>Goal: Eliminate or reduce infant mortality by increasing pregnancy interval to greater than 18 months.</p> <p>Goal: Eliminate or reduce infant mortality by raising awareness on infant mortality and morbidity as an important health issue.</p>	<p>Priority Area: Maternal and child health.</p>	<p>Healthy Babies Initiative.</p>	<p>Goal: Improve the health and well-being of women, infants, children and families.</p> <p>MICH-1: Reduce the rate of fetal and infant deaths.</p> <p>MICH-8: Reduce low birth weight (LBW) and very low birth weight (VLBW).</p> <p>MICH-16: Increase the proportion of women delivering a live birth who received preconception care services and practiced key recommended preconception health behaviors.</p>	<p>Priority 6: Reproductive and Sexual Health.</p>	<p>Goal III: Advance the Health, Safety, and Well-Being of the American People.</p> <p>Strategy III.A: Reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies.</p> <p>Strategy III.B: Conduct and evaluate pilot tests of health disparity impact assessments of selected proposed national policies and programs.</p>

CHIP ALIGNMENT WITH STATE AND NATIONAL GOALS

DOH– Hillsborough CHIP	Florida Department of Health State Health Improvement Plan (SHIP)	Florida Department of Health Statewide Initiatives	Healthy People 2020	National Prevention Strategy: Priorities	HHS Action Plan to Reduce Racial and Ethnic Health Disparities
<p>Priority Area: Healthy Moms and Babies.</p> <p>Goal: Eliminate or reduce infant mortality by increasing pregnancy interval to greater than 18 months.</p> <p>Goal: Eliminator or reduce infant mortality by raising awareness on infant mortality and morbidity as an important health issue.</p>			<p>Goal: Improve pregnancy planning and spacing, and prevent unintended pregnancy.</p> <p>FP-5: Reduce the proportion of pregnancies conceived within 18 months of a previous birth.</p>		<p>Goal IV: Advance Scientific Knowledge and Innovation.</p> <p>Strategy IV.A: Increase the availability and quality of data collected and reported on racial and ethnic minority populations.</p> <p>Strategy IV.B: Conduct and support research to inform disparities reduction initiatives.</p>

CHIP ALIGNMENT WITH PARTNERS' PLANS AND INITIATIVES

CHIP ALIGNMENT WITH PARTNERS' PLANS AND INITIATIVES

Tampa General Hospital	X	X	X	
Tampa Family Health Centers	X	X	X	X
Suncoast Community Health Centers	X	X		
Shriners Hospitals for Children-Tampa			X	
South Florida Baptist Hospital	X	X	X	X
St. Joseph's Hospitals	X	X	X	X
Moffitt Cancer Center	X			
Florida Hospital-Tampa	X	X	X	X
Florida Hospital-Carrollwood	X		X	
DOH-Hillsborough Community Health Improvement Plan	Access to Care	Behavioral Health	Obesity	Healthy Moms and Babies

APPENDIX

APPENDIX

COMMITTEES

Healthy Hillsborough Steering Committee

- Meeting dates: 4/5/2016, 4/25/2016, 6/22/2016, 7/29/2016, 8/24/2016 and 10/13/2016

Christina Bastone	BayCare (St. Joseph's Hospitals & South Florida Baptist Hospital)
Bob Costello	BayCare (St. Joseph's Hospitals & South Florida Baptist Hospital)
Keri Eisenbeis	BayCare (St. Joseph's Hospitals & South Florida Baptist Hospital)
Daragh Gibson	DOH-Hillsborough
Dr. Leslene Gordon	DOH-Hillsborough
Dr. Douglas Holt	DOH-Hillsborough
Dr. Ayesha Johnson	DOH-Hillsborough
Allison Nguyen	DOH-Hillsborough
Jan Baskin,	Florida Hospital Carrollwood
Michelle Robey	Florida Hospital Tampa
Dr. Peter Bath	Florida Hospital-West Region
Mary Willis	Florida Hospital-West Region
Jenna Davis	Moffitt Cancer Center
Cathy Grant	Moffitt Cancer Center
Teresa Linder	Shriners Hospital for Children
Sonia Goodwin	Suncoast Community Health Centers, Inc.
Karyn Glubis	Tampa Family Health Centers
Edward Kucher	Tampa Family Health Centers
Mary Jane Harrington	Tampa General Hospital
Tamika Powe	Tampa General Hospital

Healthy Hillsborough Access to Care Work-Group

- Meeting dates: 6/8/2016, 7/20/2016 and 9/8/2016

Stephanie Alt	Baycare (St. Joseph's Hospitals & South Florida Baptist Hospital)
Keri Eisenbeis	Baycare (St. Joseph's Hospitals & South Florida Baptist Hospital)
Jennifer Kotwicki	Baycare (St. Joseph's Hospitals & South Florida Baptist Hospital)
Liza Cruz Cepeda	Crisis Center of Tampa Bay
Allison Nguyen	DOH-Hillsborough
Melanie Hall	Family Healthcare Foundation
Artie Fryer	Hillsborough County
Jenna Davis	Moffitt Cancer Center
Sherri Gay	Suncoast Community Health Centers, Inc.
Sonia Goodwin	Suncoast Community Health Centers, Inc.
Laura Resendez	Suncoast Community Health Centers, Inc.
Karyn Glubis	Tampa Family Health Centers
Tamika Powe	Tampa General Hospital
Kimberly Brown	Tampa General Hospital

APPENDIX

Healthy Hillsborough Behavioral Health Work-Group

- Meeting dates: 6/17/2016, 7/22/2016, 9/28/2016 and 10/27/2016

Asha Terminello	ACTS
Christina Bastone	BayCare (St. Joseph's Hospitals & South Florida Baptist Hospital)
Doug Leonardo	BayCare (St. Joseph's Hospitals & South Florida Baptist Hospital)
Marsha Lewis-Brown	BayCare (St. Joseph's Hospitals & South Florida Baptist Hospital)
Gail Ryder	BayCare (St. Joseph's Hospitals & South Florida Baptist Hospital)
Marcia Monroe	Central Florida Behavioral Health Network (CFBHN)
Ruth Power	Central Florida Behavioral Health Network (CFBHN)
Clara Reynolds	Crisis Center of Tampa Bay
Deanna Obregon	DACCO
Mary Lynn Ulrey	DACCO
Daragh Gibson	DOH-Hillsborough
Joe Lallanilla	Gracepoint
Melissa Powell	Gracepoint
Roaya Tyson	Gracepoint
Barbara Macelli	Healthy Start
Marie Marino	Hillsborough County Public Defender's Office
Dep. Stephanie Krager	Hillsborough County Sheriff's Office
Dr. Margarita Bobonis	Moffitt Cancer Center
Sean Powell	Moffitt Cancer Center
Tina Young	Project LINK, Inc
Pam Jeffre	Success 4 Kids and Families
Sonia Goodwin	Suncoast Community Health Centers, Inc.
Karyn Glubis	Tampa Family Health Centers
Mary Jane Harrington	Tampa General Hospital
Dr. Seema Weinstein	Tampa General Hospital
Ofc. Dan McDonald	Tampa Police Department
Dr. Joe Bohn	USF College of Public Health
Dr. Glenn Currier	USF Morsani College of Medicine
Dr. Saundra Stock	USF Morsani College of Medicine

Healthy Hillsborough Obesity Work-Group

- Meeting dates: 6/15/2016, 7/18/2016 and 8/10/2016

Stefanie Alt	BayCare (St. Joseph's Hospitals & South Florida Baptist Hospital)
Danielle Mauck	BayCare (St. Joseph's Hospitals & South Florida Baptist Hospital)
Elaine Oliver	BayCare (St. Joseph's Hospitals & South Florida Baptist Hospital)
Cindy Hardy	DOH-Hillsborough
Allison Nguyen	DOH-Hillsborough
Jan Baskin	Florida Hospital Carrollwood

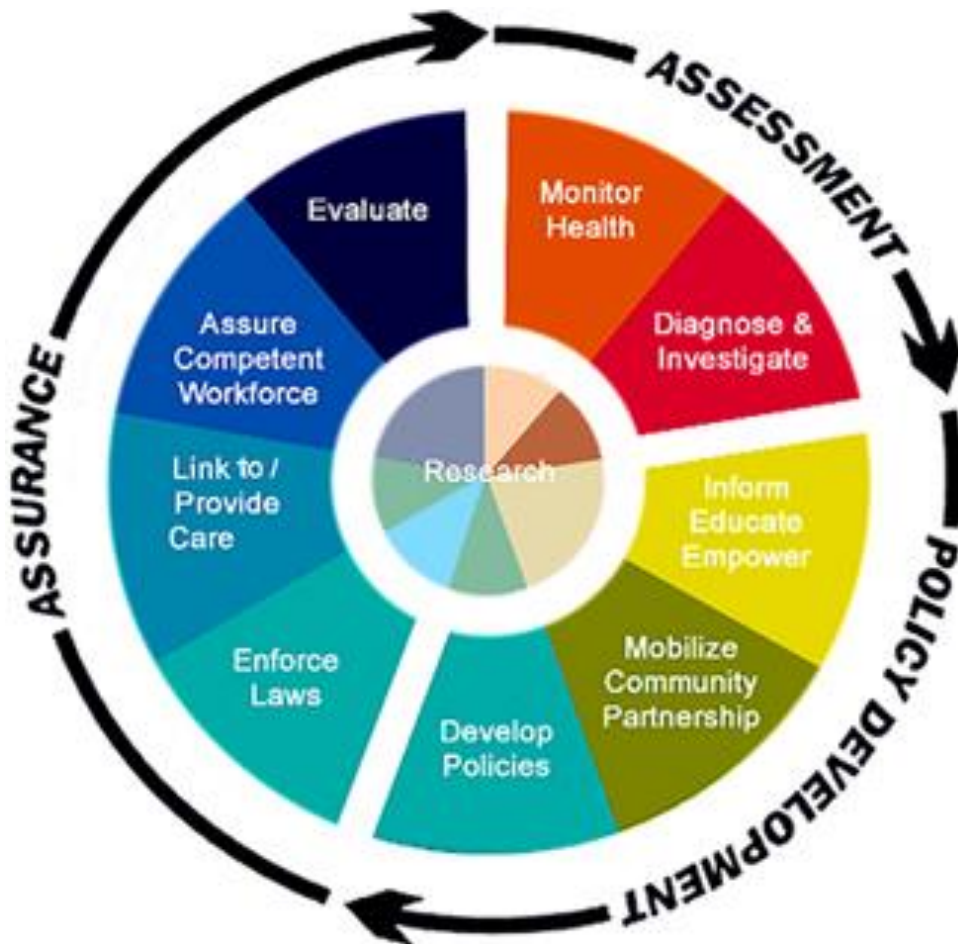
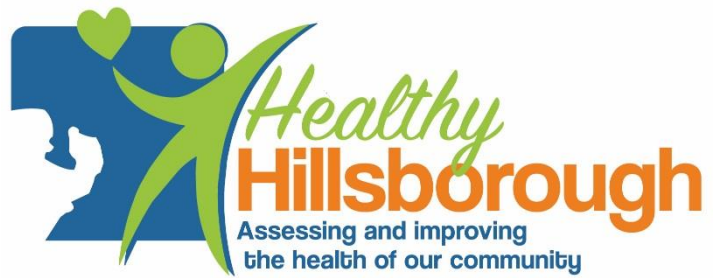
APPENDIX

Dr. Peter Bath	Florida Hospital-West Region
Mary Willis	Florida Hospital-West Region
Maria Russ	Hillsborough County Public Schools
Carla Sparks	Hillsborough County Public Schools
Tina Young	Project LINK, Inc.
Teresa Linder	Shriners Hospital for Children
Mary Jane Harrington	Tampa General Hospital
Tamika Powe	Tampa General Hospital
Jamila Lepore	UF/IFAS Hillsborough Extension
Dr. Joe Bohn	USF College of Public Health
Dawn Kita	YMCA

Healthy Moms and Babies Work-Group

- Meeting dates: 8/12/2016, 9/30/2016, 10/4/2016 and 11/18/2016

Meghna Desai	DOH-Hillsborough
Dr. Leslene Gordon	DOH-Hillsborough
Sophia Hector	DOH-Hillsborough
Dr. Ayesha Johnson	DOH-Hillsborough
Noemi Padro	DOH-Hillsborough
Susan Schmidt	DOH-Hillsborough
Allyson Sison	DOH-Hillsborough
Tara Spiller	DOH-Hillsborough
Bonnie Watson	DOH-Hillsborough
Ivonne Hernandez	USF College of Public Health



The Essential Public Health Services and Core Functions

Source: Center for Disease Control and Prevention and National Public Health Performance Standards (January 2015)